



MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

**CANDIDATE COMMITTEE
COVER PAGE**

FOR OFFICIAL USE ONLY

Report must be legible, typed or printed in ink and signed by the treasurer (or designated record keeper) and candidate.

1. Committee I.D. Number <u>137916</u>		3. This Statement covers From: <u>05 01 07</u> to <u>07 27 2007</u> <small>Mo Day Year Mo Day Year</small>	
2. Committee Name <u>Friends of Jeffrey Devour</u>		4. Candidate Last Name <u>Devour</u> First Name <u>Jeffrey</u> M.I. <u>S</u> 4a. Office Sought Including District # or Community Served (If applicable) <u>Warren City Counsel</u> 4b. County of Residence <u>Macomb</u>	
5. Committee's Mailing Address <u>25111 Hayes Warren, MI 48089</u> Area Code and Phone <u>586 774 0485</u> <small>If the address in this box is different from the committee mailing address on the Statement of Organization, mail may be sent to this address by the filing official.</small>		6. Treasurer's Name & Residential Address <u>Allison Smith</u> <u>65 East Fairmount Ave.</u> <u>Pontiac, MI 48340</u> Area Code & Phone <u>(313) 523-9061</u>	
7. Treasurer's Business Address <u>65 E AST Fairmount Ave.</u> <u>Pontiac, MI 48340</u> Area Code and Phone <u>(313) 523 9061</u>		8. Designated Record keeper's Name and Mailing Address (If the committee has a Designated Record keeper) Area Code and Phone ()	

9. TYPE OF STATEMENT

9a. ☒ Pre-Election OR 9b. ☐ Post-Election

Pre-Election or Post-Election Statement relates to:

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Convention	<input type="checkbox"/> School
<input type="checkbox"/> Special	<input type="checkbox"/> Caucus

Date of Election, Convention or Caucus
08 07 20 07
Month Day Year

9c. ☐ Annual Statement (_____ Coverage Year)

9d. ☐ Amendment to Campaign Statement (Complete Item 9a, 9b, 9c or 9e to indicate which Statement is being amended)

9e. ☐ Dissolution of Candidate Committee

Effective Date of Dissolution

Month Day Year

By checking this item, I/We certify that the committee has no assets or outstanding debts, including late filing fees. Further, I/We request that if the dissolution cannot be granted, that this be considered a request for the Reporting Waiver.

Note: The disposition of residual funds must be reported on Schedule 1B and the Summary Page.

A committee that does not have a Reporting Waiver must file all required Campaign Statements. The Campaign Statements must include all applicable Schedules. Direct contributions, in-kind contributions, loans, expenditures, and outstanding debts count against the \$1,000 Reporting Waiver threshold. If any of the information listed in items 2, 4, 5, 6, 7, or 8 has changed since the information was shown on the committee's Statement of Organization, an amendment to the Statement of Organization should accompany this Campaign Statement. If a request for a Reporting Waiver is not received on or before the filing deadline of a required campaign statement, that campaign statement cannot be waived.

10. Verification: I/We certify that all reasonable diligence was used in the preparation of this statement and attached schedules (if any) and to the best of my/our knowledge and belief the contents are true, accurate and complete.	<div style="display: flex; justify-content: space-between;"> <div> Current Treasurer or Designated Record keeper <u>Allison Smith</u> <small>Type or Print Name</small> </div> <div> <u>[Signature]</u> <small>Signature</small> </div> <div> Date <u>7 25 07</u> <small>Mo Day Year</small> </div> </div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <div> *Candidate <u>Jeffrey Devour</u> <small>Type or Print Name</small> </div> <div> <u>[Signature]</u> <small>Signature</small> </div> <div> Date <u>7 25 07</u> <small>Mo Day Year</small> </div> </div>
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MICHIGAN DEPARTMENT OF STATE
BUREAU OF ELECTIONS

1. Committee I.D. Number 137916

2. Committee Name Friends of Jeffrey Delour

**SUMMARY PAGE
CANDIDATE COMMITTEE**

RECEIPTS		Column I This Period	Column II Cumulative this election cycle
3. Contributions			
a. Itemized (Schedule 1A - Column 6)	(3a.) \$	<u>\$344.75</u>	
b. Unitemized (less than \$20.01 each - no Schedule)	(3b.) \$	<u>NOT APPLICABLE</u>	
c. Subtotal of "Contributions"	(3c.) \$	<u>\$344.75</u>	(18.) \$ <u>\$344.75</u>
4. Other Receipts (Schedule 1A -1, Column 6)	(4.) \$		(19.) \$
5. TOTAL CONTRIBUTIONS AND OTHER RECEIPTS (Add Line 3c + Line 4)	(5.) \$	<u>\$344.75</u>	(20.) \$ <u>\$344.75</u>
IN-KIND CONTRIBUTIONS & EXPENDITURES			
6. In-Kind Contributions (Schedule 1-IK, Column 7)	(6.) \$		(21.) \$
7. In-Kind Expenditures (Schedule 1B-IK, Column 6)	(7.) \$		(22.) \$
EXPENDITURES			
8. Expenditures			
a. Itemized (Schedule 1B, Column 6)	(8a.) \$	<u>\$2,519.81</u>	
b. Itemized Get-Out-the-Vote (Schedule 1B-G)	(8b.) \$		
c. Unitemized (less than \$50.01 each - no Schedule)	(8c.) \$	<u>\$195.36</u>	
9. TOTAL EXPENDITURES (Add Line 8a + Line 8b + Line 8c)	(9.) \$	<u>\$2,715.17</u>	(23.) \$ <u>\$2,715.17</u>
INCIDENTAL EXPENSE DISBURSEMENTS (Officeholders Only)			
10. Disbursements			
a. Itemized (Schedule 1C, Column 6)	(10a.) \$		
b. Unitemized (less than \$50.01 each - no Schedule)	(10b.) \$		
11. TOTAL INCIDENTAL EXPENSE DISBURSEMENTS (Add Line 10a + Line 10b)	(11.) \$		(24.) \$
DEBTS AND OBLIGATIONS			
12. Debts and Obligations			
a. Owed by the Committee (Schedule 1E)	(12a.) \$		
b. Owed to the Committee (Schedule 1E)	(12b.) \$		
BALANCE STATEMENT			
13. Ending Balance of last report filed (Enter zero if no previous reports have been filed.)	(13.) \$	<u>0</u>	
14. Amount received during reporting period (Line 5, Total Contributions & Other Receipts)	(14.) + \$	<u>\$344.75</u>	
	(15.) = \$	<u>\$344.75</u>	
15. SUBTOTAL Add lines 13 and 14			
16. Amount expended during reporting period (Add lines 9 and 11)	(16.) - \$	<u>\$104.75</u>	
17. ENDING BALANCE (Subtract line 16 from line 15)	(17.) \$	<u>\$240.00</u> *	



MICHIGAN DEPARTMENT OF STATE
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ITEMIZED CONTRIBUTIONS
SCHEDULE 1A
CANDIDATE COMMITTEE

1. Committee I.D. Number 137916
2. Committee Name Friends of Jeffrey Devour

Enter contributor's name and address. If contribution is from an individual, enter last name, first name, middle initial. Check box to indicate if contribution is from a Political Committee or an Independent Committee. (PAC) Report all contributions from committees regardless of amount.		6. Amount	7. Cumulative for Election Cycle for Each Contributor (Through date of receipt)
3. Contribution #1 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>05/11/2007</u> Name: <u>Jeffrey Devour</u> Address: <u>25111 Hayes Blvd., Warren, MI 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Home Care Worker</u> Employer <u>Marilyn Millsap Devour</u> Business Address <u>25111 Hayes Blvd., Warren, MI 48089</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		\$104.75	
3. Contribution #2 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt <u>5-25-07</u> Name: <u>Jeffrey Devour</u> Address: <u>25111 Hayes Blvd. Warren Mi. 48089</u> 5. If over \$100.00 cumulative, please provide: Occupation <u>Home Care Worker</u> Employer <u>SELF</u> Business Address <u>220 Bagley Det. Hi.</u> Type of Contribution: <input checked="" type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser		240.00	\$344.75
3. Contribution #3 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			
3. Contribution #4 PAC Receipt? <input type="checkbox"/> YES 4. Date of Receipt _____ Name: _____ Address: _____ 5. If over \$100.00 cumulative, please provide: Occupation _____ Employer _____ Business Address _____ Type of Contribution: <input type="checkbox"/> Direct <input type="checkbox"/> Loan from a person <input type="checkbox"/> Fund Raiser			

Page Subtotal
Grand Total of All Schedules 1A
(Complete on last page of Schedule)

\$344.75

Enter this total on
line 3 of Summary
Page.



MICHIGAN DEPARTMENT OF STATE
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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137916

2. Committee Name FRIENDS of JEFFREY DEVOUR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 (WARREN City CLERK) Name <u>RICHARD PAUL SOLAKA</u> Address <u>29500 VAN DYKE AVE</u> <u>WARREN Mich 48093</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CANDIDATE FILING</u> <u>VOTER, DISS + MAP</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>4-12-07</u>	<u>\$121.00</u>
Expenditure #2 Name <u>SIGN DEPOT.</u> Address <u>1813 E. COLONIAL DR.</u> <u>ORLANDO, FL. 32803</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN SIGNS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>5-23-07</u>	<u>\$514.00</u>
Expenditure #3 Name <u>DESMOND PROCESS Supply</u> Address <u>2277 ELLIOTT</u> <u>Troy Mi. 48083</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING Supplies for</u> <u>CAMPAIGN</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-8-07</u>	<u>\$113.70</u>
Expenditure #4 Name <u>LOT STORES #109</u> Address <u>26280 GRATIOT AVE</u> <u>ROSEVILLE, MI. 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PRINTING Supplies</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-4-07</u>	<u>\$76.95</u>
Expenditure #5 Name <u>MICHAELS ARTS + CRAFT #1405</u> Address <u>32078 GRATIOT AVE.</u> <u>ROSEVILLE MI. 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>TRANSFER LIGHTS FOR</u> <u>CAMPAIGN MATERIAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	<u>6-9-07</u>	<u>\$84.72</u>
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			<u>\$910.37</u>

Enter this total
on line 8a of
Summary Page



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1. Committee I. D. Number 137916

2. Committee Name FRIENDS of Jeffrey Devour

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>ROSEVILLE Post office</u> Address <u>ROSEVILLE, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>STAMPS MAILING of CARDS.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-07 7-16-07 7-16-07 7-11-07	\$41.00 164.00 104.00 164.00 # 473.00
Expenditure #2 Name <u>NAZDAR MICHIGAN</u> Address <u>687 MINNESOTA TROY MI. 48063</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>T-SHIRTS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-8-07	\$89.66
Expenditure #3 Name <u>FED EX KINKO'S</u> Address <u>31980 GRATIOT AVE ROSEVILLE MI. 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>PAPER CUTTER + INK for CARDS</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-14-07 5-26-07	\$23.40 \$19.08 \$42.48
Expenditure #4 Name <u>VAN'S PARTY STORE</u> Address <u>15153 E. TEN MILE RD EASTPOINTE MI. 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>REFRESHMENTS for CAMPAIGN MEETING.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-7-07	\$61.00
Expenditure #5 Name <u>FIRESTONE</u> Address <u>MACOMB HALL ROSEVILLE, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>1/3% of AUTO EXPENSE</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement		\$166.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$832.14

Enter this total
on line 8a of
Summary Page



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**ITEMIZED EXPENDITURES
SCHEDULE 1B
CANDIDATE COMMITTEE**

1. Committee I. D. Number 137916
2. Committee Name FRIENDS of JEFFREY DEVOUR

3. Name and address of person or vendor to whom paid	4. Purpose (Describe specific purpose and you may assign an Expenditure Code)	5. Date	6. Amount
Expenditure #1 Name <u>BEST BUY #407</u> Address <u>ROSEVILLE MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>MATERIAL FOR CAMPAIGN PRINTING</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-12-07 6-6-07 6-12-07 7-10-07 7-9-07	\$ 42.39 74.18 40.27 37.99 # 194.83
Expenditure #2 Name <u>STAPLES</u> Address <u>31900 GRATIOT AVE ROSEVILLE MI 48066</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN MATERIAL</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-17-07 5-19-07 5-19-07 5-29-07 6-13-07 6-9-07 7-9-07 7-11-07	\$ 29.13 # 119.89 76.93 71.32 45.05 2.10 25.44 98.29 # 228.37
Expenditure #3 Name <u>DOLLAR CASTLE #18</u> Address <u>16511 10 MILE RD. EASTPOINT MI. 48021</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>HATS, FLAGS, RIBBONS + PAPER.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-29-07 5-31-07 6-4-07 6-6-07 6-12-07 6-14-07 7-3-07	\$ 32.80 # 63.47 27.03 \$ 31.8 # 49.82 2.12 # 13.98 \$ 192.40
Expenditure #4 Name <u>SPEEDWAY #6201</u> Address <u>EAST, Mich.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN TRAVEL.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	5-25-07 6-6-07 7-6-07 7-9-07	\$ 47.72 41.08 20.80 42.90 # 151.70
Expenditure #5 Name <u>B.P.</u> Address <u>27027 Schoenherr WARREN, MI.</u> <input type="checkbox"/> Fund Raiser	Purpose: <u>CAMPAIGN TRAVEL.</u> <input type="checkbox"/> Check box if this expenditure is payment of debt or obligation reported on previous statement	6-18-07	\$ 10.00 # 10.00
Subtotal this page Grand Total of all Schedules 1B (Complete on last page of Schedule)			\$ 777.30 2,715.17

Enter this total
on line 8a of
Summary Page